PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10723822.

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2 (4		(000	11111 2)	. ;			OR 7			
			64					RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			24 mir	nus 20=	• 4			X\$ 9=		OR	X\$18=	72	
	DEPENDENT C			inus 3 =	· Q			X43=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	842		
CLAIMS AS AMENDED - PART II											OTHER	•	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	01.444	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE							
		(Column 1)			NODII. I CL			ADDIT: TEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	*** ,		=		X43=		OR	X86=		
٧	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	- :	- -			Un			
								+145=		OR	+290=		
		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=		
AME.	Independent	*	Minus	***		=		X43=	:	or I	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* 14	the entry in action		+145=		OR	+290=							
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		mber Previously Pa ber Previously Paid						DDIT. FEE L	ropriate box				